



Tooele Applied Technology College
APPLICATION FOR FAMILY
MEDICAL LEAVE

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Proposed Start Date of FMLA Leave: \_\_\_\_\_

Projected End Date of FMLA Leave: \_\_\_\_\_ (Must be a SPECIFIC DATE, not to exceed a total of 480 hours (for a full time employee) of FMLA leave per calendar year.)

Reason for Leave: \_\_\_\_\_

NOTE: Approval is contingent upon receipt of the Certification of Health Care Provider, which should be returned directly to the human resource office. Your signature on this leave request grants authority to the agency to obtain clarifying information from the certifying health care provider regarding your request for leave.

Failure to return to work at the end of the designated leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by College management. If you are able to and elect not to return to work, you may be required to reimburse health and life insurance plan payments made by the Salt Lake Tooele Applied Technology College.

\_\_\_\_\_ Initial I understand my portion of the health insurance premium is still my responsibility during FMLA leave and I have discussed payment options with the HR Department.

\_\_\_\_\_ Initial I understand all other insurance premiums (Dental, Life, Etc.) for which you wish to continue coverage, will be your full responsibility during FMLA leave and have discussed payment options.

\*\*NOTE\*\* FMLA is UNPAID time off. You are required to use all sick/vacation leave available towards your FMLA, once exhausted the remainder of your leave of absence will be unpaid.

Employee's Acknowledgement and Agreement: \_\_\_\_\_ (Employee Signature)

Date of Application: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*All Information Must be Complete and Signatures Obtained Before HR Approval\*\*

This Section for HR Use Only

12 months employment? (circle one): YES NO Verifiers Signature: \_\_\_\_\_

1250 hours WORKED in past 12 months? (circle one): YES NO

(If "NO" is circled on either line, the employee is not eligible for FMLA leave.)

FMLA Hours Available: \_\_\_\_\_ (Thru the current calendar year; not to exceed 480 hours)

Approval Authority signature: \_\_\_\_\_ Date: \_\_\_\_\_